



Federal Educational Rights & Privacy Act (FERPA) Consent Form

I authorize the disclosure of information about my courses, grades, attendance, behavior, financial affairs, residence facilities, enrollment, and academic standing to the following individuals:

Name: _____ Relationship: _____

*Email Address: _____ Phone Number: _____

Name: _____ Relationship: _____

*Email Address: _____ Phone Number: _____

Name: _____ Relationship: _____

*Email Address: _____ Phone Number: _____

This authorization shall be considered as a waiver of any and all of my rights and/or privileges as provided under the Family Educational Rights and Privacy Act (FERPA), as amended. A photocopy of this authorization shall be considered as valid as the originally signed document.

Date: _____

Student Signature: _____

Printed Name: _____

Social Security Number: _____

*Email address is crucial as this is Antonelli Institute's official means of communication with students and parents.